

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH)

The Humane Society of Kandiyohi County dba Hawk Creek Animal Shelter

I (we) hereby authorize The Humane Society of Kandiyohi & Meeker Counties dba Hawk Creek Animal Shelter, herein after called COMPANY, to initiate debit entries to my (our)

Checking Account ____ OR Savings Account _____

indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Amount _____

Each Month on the _____ (circle one) First Fifteenth

Date to begin _____

Depository

Financial Institution Name _____

Routing Number _____ Account Number _____

Name on the Account _____

Address _____ City _____ State _____ Zip
Code _____

Daytime Phone Number _____

Email Address _____

This authorization is to remain in full force and in effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature_____

Date_____

**** Please attach a voided check or deposit ticket

For more information contact the Director of Operations at the Hawk Creek Animal Shelter at

320-235-7612 or shelter@thehskmc.com